

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
111769911  
FILING DATE  
APPLICANT(S)

7/3/04 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			1			
TOTAL DEP.			5			
TOTAL CLAIMS		6				

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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